

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ

Benefit Funds

**REMITTANCE
REPORT**

EIN:

GCA SERVICES GROUP INC
C/O MARTI LINCOLN
4726 WESTERN AVENUE
KNOXVILLE, TN 37921-0000



Due Date: APRIL 19, 2007

Account # 02819-04452-0003-0001-10

Receipt # 2122168

Building Name:

Address: 101 MURRAY STREET

Month End Date 03/31/2007 Health Pension Legal Profit Sharing 401k Training

Quarter End Date 03/31/2007 Health Pension Legal Profit Sharing 401k Training

Line #	Employee Last Name : Init	SSN	Job Class	Full Time / Part Time	Exper. Required	Emp Status Change Reason	Employee Status Change Date AA	Hours	Weeks	Months	Adv. Monthly	Wages	401k
1	DARKINS	078-62-3375	A	OT	F	Y				13	3		
2	FIDZINSKI	063-64-6660	B	OT	F	Y				13	3		
3	MIZKLE	101-65-1100	C	OT	F	Y				13	3		
4	NILAJ	109-88-2606	D	OT	F	Y				13	3		
5													
6													
7													
8													
9													
10													
11													
12													
TOTALS:								52	12				

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	12 = 10,790.64	899.22	x	=		
Pension	58.75	x	52 = 3,055.00					
Legal	18.63	x	12 = 223.56	18.63	x	=		
Profit Sharing	13.80	x	52 = 676.00					
401k								
Training	11.13	x	12 = 145.56	12.13	x	=		

Prepared By: MARTI LINCOLN	Title: HR/BENEFITS ADMINISTRATOR	TOTAL DUE 14890.76
----------------------------	----------------------------------	---------------------------

Email: MLINCOLN@GCASTSERVICES.COM	Phone: (718) 990-1554	Make check payable and send payment to:
-----------------------------------	-----------------------	---

Signature: <i>Marti Lincoln</i>	Date:	Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477
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Comments:	For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354	
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Please Make Necessary Changes According to Funds Policies and Procedures

**Building Service 32BJ
Benefit Funds
REMITTANCE
REPORT**

EIN:

GCA SERVICES GROUP INC
C/O MARTI LINCOLN
4726 WESTERN AVENUE
KNOXVILLE, TN 37921-0000



Due Date: APRIL 19, 2007		Account # 02819-05755-0003-0001-10		Receipt # 2122172									
Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA											
Month End Date 03/31/2007		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing								
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing								
		<input type="checkbox"/> 401k	<input type="checkbox"/> Training	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training								
L	Employee Last Name SSN	Init.	Job Class	Full Part Time	Expen- sited	Fund Status Change Reason	Employee Status Change Date xx	Hours	Weeks	Months	Amt. Month	Wages	401k
✓	ADAMS 085-46-6224	J.	OT	F	Y				13	3			
✓	ALVAREZ 111-46-0534	J.G.	OT	F	Y				13	3			
✓	ALZATE 150-92-8922	J.M.	OT	P	Y				13	3			
✓	APONTE 128-78-8728	J.M.	OT	F	Y				13	3			
✓	ARISTIZABAL 121-92-7240	J.C.	OT	F	Y				13	3			
✓	ARNE 082-82-1260	J.G.	OT	F	Y				13	3			
✓	ASENCIO 105-76-3925	J.L.	OT	P	N				13	3			
✓	BEDUIT 094-44-0301	J.L.	OT	F	Y				13	3			
✓	BETANCOURT 062-46-7344	J.D.	OT	F	Y				13	3			
✓	BOBKQ 064-56-1581	J.L.	OT	F	Y				13	3			
✓	BORBOS 063-74-4499	J.A.	OT	F	Y				13	3			
✓	BOYCE 058-58-8116	J.V.	OT	F	Y				11	3			
TOTALS: 154 36													
FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund					
	Rate	Time Unit	Total	Rate	Time Unit	Total							
Health	899.22	x	899.22	x	=								
Pension	58.75	x	58.75	x	=								
Legal	18.63	x	18.63	x	=								
Profit Sharing	13.00	x	13.00	x	=								
401k													
Training	12.13	x	12.13	x	=								
Prepared By: MARTI LINCOLN	Title: HR/BENEFITS ADMINISTRATOR			TOTAL DUE									
Email: MLINCOLN@GCA-SERVICES.COM	Phone: (718) 990-1554			Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10260-1477									
Signature: <i>Marti Lincoln</i>	Date:												
Comments:													

For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 338-3354

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Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ
Benefit Funds

**REMITTANCE
REPORT**

EIN:

GCA SERVICES GROUP INC
C/O MARTI LINCOLN
4726 WESTERN AVENUE
KNOXVILLE, TN 37921-0000



Due Date: APRIL 19, 2007 Account # 02819-05755-0003-0001-10 Receipt # 2122172														
Building Name: ST. JOHNS UNIVERSITY Address: RT ST. JOHNS JAMAICA														
Month End Date 03/31/2007 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401K <input type="checkbox"/> Training Quarter End Date 03/31/2007 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> 401K <input checked="" type="checkbox"/> Training														
Line	Employee Last Name		Init.	Job	F/T Part Time	Exper-	Emp Status Change Reason	Employee Status Change Date m/d/y	Hours	Weeks	Months	Avg. Months	Wages	401K
	SSN			Catag	Mined									
1	CALVANTO	.P.		OT	P	N				13	3			
2	072-52-9402													
3	CAMILLI	.A.		OT	P	Y				13	3			
4	123-62-1322													
5	CAMPBELL	.A.		OT	P	Y				13	3			
6	102-34-0681													
7	CAMPOS	.N.		OT	P	N					3			
8	086-75-9642													
9	CAPELLAN	.P.		OT	P	Y				13	3			
10	077-62-5587													
11	CARNABULO	.R.		OT	P	Y				13	3			
12	099-52-9301													
13	CASTAGNETTO	.M.		OT	P	Y				10	3			
14	134-79-3958													
15	CASTILLO	.J.M.		OT	P	Y				13	3			
16	582-48-4157													
17	CUAU	.M.		OT	P	Y	HI	11/10/2006		17	2	2		
18	051-80-2921													
19	CHEW	.X.		OT	P	Y				13	3			
20	122-74-0634													
21	CIAROS	.J.		OT	P	N					3			
22	050-68-0145													
23	COLORADO	.J.		OT	P	Y				13	3			
	059-74-5244													
											TOTALS:	125	35	
FUNDS	Current Due				Advance Requirement Payment				Previous Amount Due (Owed)		Total Due per Fund			
	Rate	Time Unit	Total	Rate	Time Unit	Total								
Health	899.22	x		899.22	x									
Pension	58.75	x												
Legal	18.3	x		18.63	x									
Profit Sharing	13.00	x												
401K														
Training	12.13	x		12.13	x									
Prepared By:	MARTI LINCOLN				Title: HR/BENEFITS ADMINISTRATOR				TOTAL DUE					
Email:	MLINCOLNGCASERVICES.COM				Phone: (718) 990-1554				Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477					
Signature:	<i>Marti Lincoln</i>				Date:									
Comments:														

For questions regarding compilation of this report, or remittance of contributions, please contact Employer Services at (212) 398-3354

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Building Service 32BJ

Benefit Funds

REMITTANCE REPORT

EIN:

GCA SERVICES GROUP INC
C/O MARTI LINCOLN
4726 WESTERN AVENUE
KNOXVILLE, TN 37921-0000



Due Date: APRIL 19, 2007

Account # 02819-D5755-0003-C001-10 Receipt # 2122173

Building Name: ST. JOHNS UNIVERSITY

Address: 10 ST. JOHNS JAMAICA

Month End Date 03/31/2007 Health Pension Legal Profit Sharing 401k Training
 Quarter End Date 03/31/2007 Health Pension Legal Profit Sharing Training

L I N E #	Employee Last Name	Init.	Job Class	Full Time / Part Time	Experi- enced	Emp Status Change Reason	Employee Status Change Date Ex	Hours	Weeks	Months	Adv. Months	Wages	401k
	SSN												
✓ CONDE.....	A.		OT	F	Y					13	3		
116-46-3096													
✓ CORNER.....	J.R.		OT	F	Y					13	3		
092-36-0274													
✓ DAVILA.....	J.M.		OT	F	Y					13	3		
127-54-2883													
✓ DE NOVILLIS.....	J.V.		OT	F	Y					13	3		
107-40-8532													
✓ DEBRILL.....	J.P.		OT	F	Y					13	3		
138-56-1125													
✓ DEINGENIIS.....	R.		OT	F	Y	SD	12/01/2006			11			
131-36-4267													
DICE.....	J.R.		OT	F	Y					13	3		
107-56-6141													
✓ DICE.....	J.R.		OT	F	Y					13	3		
107-56-7622													
✓ ENCHAUTEQUI.....	M.		OT	F	Y					13	3		
068-61-1008													
✓ PLANTCHE.....	J.D.		OT	F	Y					13	3		
052-48-7122													
✓ FONTANES.....	D.		OT	F	Y					13	3		
150-90-6125													
✓ FRANCO.....	J.Y.		OT	F	Y					13	3		
076-56-4992													
TOTALS:								153	33				

FUNDS	Current Due			Advance Requirement Payment			Previous Amount: Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	#	899.22	x	#		
Pension	58.75	x	#					
Legal	18.63	x	#	18.63	x	#		
Work Sharing	13.00	x	#					
401k								
Training	12.13	x	#	12.13	x	#		

Prepared By: MARTI LINCOLN	Title: HR/BENEFITS ADMINISTRATOR	TOTAL DUE
Email: MLINCOLN@GCA-SERVICES.COM	Phone: (718) 990-1554	Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477
Signature: <i>Marti Lincoln</i>	Date:	
Comments:		

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 398-3354

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Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000							32BJ BENEFITS			
Due Date: APRIL 19, 2007		Account # 02819-05755-0003-0001-10							Receipt # 2122172			
Building Name: ST. JOHNS UNIVERSITY		Address: ST. JOHNS JAMAICA										
Month End Date 03/31/2007		<input type="checkbox"/> Health		<input type="checkbox"/> Pension		<input type="checkbox"/> Legal		<input type="checkbox"/> Profit Sharing		<input type="checkbox"/> 401k	<input type="checkbox"/> Training	
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health		<input checked="" type="checkbox"/> Pension		<input checked="" type="checkbox"/> Legal		<input checked="" type="checkbox"/> Profit Sharing		<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training	
Line	Employee Last Name SSN	Initial Job Class	Full Time / Part Time	Exper. Needed	Emp Status Change Reason	Employee Status Change Date Ap	Hours	Weeks	Months	Adv. Months	Wages	401k
1	PRIERE 056-62-9060	J	OT	F	Y				13	3		
2	GABELA 129-54-9086	J	OT	F	Y				✓ 13	3		
3	GALARCE 119-60-7507	F	OT	F	Y				13	3		
4	GALATA 122-43-0909	E	OT	F	Y				13	3		
5	GALICIA 085-72-7117	E	OT	F	Y				13	3		
6	GARCIA 110-46-5303	G	OT	F	Y				13	3		
7	GENAO 124-36-3529	E	OT	F	Y				13	3		
8	GERDOWCY 102-88-3179	E	OT	F	Y				13	3		
9	GIACOMANTONI 109-38-2385	M	OT	P	Y				13	3		
10	GOMEZ 083-74-8825	J	OT	F	Y				✓ 13	3		
11	GUZMAN 053-42-5241	D	OT	F	Y				✓ 13	3		
12	HAYNES 074-60-1980	T	OT	F	Y				13	3		
TOTALS: 147 - 36												
FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)		Total Due per Fund			
	Rate	Time Unit	Total	Rate	Time Unit	Total						
Health	899.22	x	699.22	x								
Pension	58.75	x										
Legal	18.63	x	18.63	x								
Profit Sh.	13.00	x										
401k												
Training	12.13	x	12.13	x								
Prepared By: MARTI LINCOLN				Title: HR/BENEFITS ADMINISTRATOR				TOTAL DUE				
Email: MLINCOLNGC SERVICES.COM				Phone: (718) 990-1554				Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477				
Signature: <i>Marti Lincoln</i>				Date:								
Comments: For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354												

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Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:										GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000				32BJ BENEFITS	
Due Date: APRIL 19, 2007 Account # 02819-05755-0003-0001-10 Receipt # 2122172															
Building Name: ST JOHNS UNIVERSITY Address: RT ST. JOHNS JAMAICA															
Month End Date 03/31/2007 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training															
Quarter End Date 03/31/2007 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training															
Line	Employee Last Name : Init		Job Class	Full Time / Part Time	Exper-rienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Member	Wages	401k		
	SSN														
1	HELFERICH	S.	OT	F	Y	WC	1/29/2007		1						
2	HERRERA	A.	OT	F	Y				12/3	3					
3	HERITT	J.	OT	F	Y				13	3					
4	HIDROVO	B.	OT	F	Y				13	3					
5	HINKSON	A.	OT	F	Y				13	3					
6	IBARRA	M.	OT	P	Y	TB	1/21/2007		13	3					
7	INZANX	J.R.	OT	F	Y				13	3					
8	JACQUES	A.	OT	F	Y				13	3					
9	JOHNSON	J.D.	OT	P	Y				13	3					
10	KARATIS	J.A.	OT	F	Y				13	3					
11	KNIPPING	A.	OT	F	Y				13	3					
12	KOMOSINSKI	J.	OT	F	Y				13	3					
TOTALS:										143	33				
Funds	Current Due				Advance Requirement Payment				Previous Amount Due (Owed)		Total Due per Fund				
	Rate	Time Unit	Total	Rate	Time Unit	Total									
Health	899.22	x	=	899.22	x	=									
Pension	58.75	x	=	18.63	x	=									
Legal	18.63	x	=												
Profit Sharing	13.00	x	=												
401k															
Training	12.13	x	=	12.13	x	=									
Prepared By: MARTI LINCOLN				Title: HR/BENEFITS ADMINISTRATOR				TOTAL DUE							
Email: MLINCOLNGCASHSERVICES.COM				Phone: (718) 990-1554				Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477							
Signature: <i>Marti Lincoln</i>				Date:											
Comments:															

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Please Make Necessary Changes According to Funds Policies and Procedures

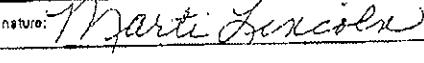
Building Service 32BJ Benefit Funds REMITTANCE REPORT			GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000										
EIN:													
Due Date: APRIL 19, 2007			Account # 02919-05755-0003-0001-10			Receipt # 2122172							
Building Name: ST. JOHNS UNIVERSITY Address: RT ST. JOHNS JAMAICA													
Month End Date 03/31/2007 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training			Quarter End Date 03/31/2007 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> 401k <input checked="" type="checkbox"/> Training										
L I N E #	Employee Last Name	Ssn	Job Class	Ful Time/ Part Time	Expens es Incurred	Emp Status Change Reason	Employee Status Change Date xx	Hours	Weeks	Months	Adv. Modele	Wages	401k
1	KOSZER	S.	OT	F	Y				13	3			
2	XUKONGKI	M.	OT	F	Y				13	3			
3	LAJUELLA	M.	OT	F	Y				13	3			
4	LBUTZ	P.	OT	F	Y				13	3			
5	LIUGAYU	J.	OT	F	Y				13	3			
6	LIN	A.	OT	F	Y	HI	1/08/2007		17	3	2		
7	LUCICERO	A.	OT	F	Y				13	3			
8	LONDINO	J.	OT	F	N				13	3			
9	LOPPEZ	J.	OT	F	Y				13	3			
10	LOPPEZ	B.	OT	F	Y				13	3			
11	LUNA	J.	OT	F	N				13	3			
12	LUNA	B.	OT	F	Y				13	3			
13	MARTINEZ	G.	OT	F	Y				13	3			
									155	33			
TOTALS:													
FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)			Total Due per Fund			
	Rate	Time Unit	Total	Rate	Time Unit	Total							
Health	899.22	x	899.22	x									
Pension	58.75	x	58.75	x									
Legal	18.63	x	18.63	x									
Profit Sharing	13.00	x	13.00	x									
401k													
Training	12.13	x	12.13	x									
Prepared By: MARTI LINCOLN				Title: HR/BENEFITS ADMINISTRATOR				TOTAL DUE					
Email: MLINCOLN@GCASTSERVICES.COM				Phone: (212) 990-1554				Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10188-1477					
Signature: 				Date:									
Comments:													

For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354

03/31/2007

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Please Make Necessary Changes According to Funds Policies and Procedures

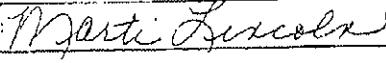
Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000												
Due Date: APRIL 19, 2007		Account # 02819-05755-0003-0001-10										Receipt # 2122172		
Building Name: ST. JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA												
Month End Date 03/31/2007		<input type="checkbox"/> Health		<input type="checkbox"/> Pension		<input type="checkbox"/> Legal		<input type="checkbox"/> Profit Sharing		<input type="checkbox"/> 401k		<input type="checkbox"/> Training		
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health		<input checked="" type="checkbox"/> Pension		<input checked="" type="checkbox"/> Legal		<input checked="" type="checkbox"/> Profit Sharing		<input checked="" type="checkbox"/> 401k		<input checked="" type="checkbox"/> Training		
L I N E #	Employee Last Name SSN	Init.	Job Class	F&E Type / Part Time	Exper. Required	Emp Status Change Reason	Employee Status Change Date xx	Hours	Weeks	Months	Adv. Months	Wages	401k	
1	MATTIELLO 062-56-5501	J.	OT	F	Y					13	3			
2	MEJIA 105-69-8223	J.	OT	F	N					13	3			
3	MBONDEZ 110-68-8613	J.R.	OT	F	Y					13	3			
4	MONTEITH 131-42-7941	J.	OT	F	Y					13	3			
5	MORTON 591-80-5714	J.H.	OT	F	Y					13	3			
6	MOX 092-46-6893	J.H.	OT	F	Y	HI	11/10/2006			13	2	2		
7	MULVANECKY 121-52-0963	J.	OT	F	Y					13	2			
8	NAOURI 146-08-3299	J.A.	OT	F	N					13	3			
9	NOGA 117-56-1841	J.L.	OT	F	Y					13	3			
10	NOGUEROLE 072-54-1546	J.R.	OT	F	Y					13	3			
11	O.BRIBN 122-64-5264	J.G.	OT	F	Y					13	3			
12	OUK 124-64-4922	J.K.	OT	F	Y	HS	7/09/2006			13	3			
TOTALS:													181	34
FUNDS	Current Due				Advance Requirement Payment				Previous Amount Due (Owed)			Total Due per Fund		
	Rate	Time Unit	Total	Rate	Time Unit	Total								
Health	899.22	x		899.22	x									
Pension	58.75	x												
Legal	18.63	x		18.63	x									
Profit Sharing	13.00	x												
401k														
Training	12.13	y		12.13	x									
Prepared By: MARTI LINCOLN					Title: HR/BENEFITS ADMINISTRATOR				TOTAL DUE					
Email: MLINCOLN@GCASTSERVICES.COM					Phone: (718) 990-1554				Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10280-1477					
Signature: 					Date:									
Comments:														

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354

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Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000											
Due Date: APRIL 19, 2007		Account # 02819-05755-0003-0001-10						Receipt # 2122172					
Building Name: ST. JOHNS UNIVERSITY		Address: RT ST. JOHNS JAHAIKA											
Month End Date 03/31/2007		<input type="checkbox"/> Health		<input type="checkbox"/> Pension		<input type="checkbox"/> Legal		<input type="checkbox"/> Profit Sharing		<input type="checkbox"/> 401k		<input type="checkbox"/> Training	
Quarter End Date 03/31/2007		<input checked="" type="checkbox"/> Health		<input checked="" type="checkbox"/> Pension		<input checked="" type="checkbox"/> Legal		<input checked="" type="checkbox"/> Profit Sharing		<input checked="" type="checkbox"/> 401k		<input checked="" type="checkbox"/> Training	
Line	Employee Last Name SSN	Init	Job Class	Ful Time/ Part Time	Exper- enced	Hire Status Reason	Employee Status Change Date AA	Hours	Weeks	Months	Adv. Months	Wages	401k
1	PATRIZZO 100-20-2271	J.J.	OT	F	Y					13	3		
2	PATRIZZO 092-56-1085	J.M.	OT	F	Y					13	3		
3	PAVLICK 129-48-5122	J.G.	OT	F	Y					13	3		
4	PELAEZ 051-84-3163	J.M.	OT	F	Y					13	3		
5	PERNA 090-52-0305	J.X.	OT	F	Y					13	3		
6	PERRIS 139-58-4512	J.R.	OT	F	Y					13	3		
7	PERRIS 139-58-4572	J.R.	OT	F	Y					13	3		
8	PINERO 108-90-3716	J.A.	OT	F	Y					13	3		
9	POLICASTRI 066-58-2041	J.L.	OT	F	Y					13	3		
10	PRADO 562-62-3602	J.C.	OT	F	Y					13	3		
11	PUELLO 101-80-8370	J.R.	OT	F	Y					13	3		
12	QUINN 054-34-1085	J.P.	OT	F	Y					13	3		
TOTALS: 135 - 31													
FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)		Total Due per Fund				
	Rate	Time Unit	Total	Rate	Time Unit	Total							
Health	899.22	x	899.22	x	=								
Pension	58.75	x	58.75	x	=								
Legal	13.63	x	13.63	x	=								
Profit Sharing	13.00	x	13.00	x	=								
401k													
Training	12.13	x	12.13	x	=								
Prepared By: MARTI LINCOLN				Title: HR/BENEFITS ADMINISTRATOR				TOTAL DUE					
Email: MLINCOLN@GCASTSERVICES.COM				Phone: (718) 990-1554				Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477					
Signature: 				Date:									
Comments: For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 338-3354													

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PAGE 8 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ

Benefit Funds

REMITTANCE

REPORT

BIN:

GCA SERVICES GROUP INC
C/O MARTI LINCOLN
4726 WESTERN AVENUE
KNOXVILLE, TN 37921-0000



Due Date: APRIL 19, 2007

Account # 02819-05755-0003-0001-10 Receipt # 2122172

Building Name: ST. JOHNS UNIVERSITY

Address: RT ST. JOHNS JAMAICA

Month End Date 03/31/2007 Health Pension Legal Profit Sharing 401k Training

Quarter End Date 03/31/2007 Health Pension Legal Profit Sharing Training

L i n e	Employee Last Name SSN	Int.	Job Date	F/H Part Time	Exper- ience Level	Hire Date/ Change Reason	Employee Status Change Date #	Hours	Weeks	Months	Adv. Months	Wages	401k
1	REINOSO 113-42-0092	R	OT	F	Y				13	3			
2	RODRIGUEZ 079-70-4115	M	OT	F	Y				13	3			
3	ROMAN 108-64-5426	P	OT	F	N				13	3			
4	ROSALES 101-66-6335	M	OT	F	Y				13	3			
5	RUSSELL 076-34-5250	M	OT	F	Y				13	3			
6	SALAR 106-50-9818	M	OT	F	Y	WC 12/21/2006			10	3			
7	SALZAR 066-70-5148	R	OT	F	Y				13	3			
8	SAMUELS 053-76-0995	Q	OT	F	Y				13	3			
9	SANGIOVANNI 064-68-8180	D	OT	F	Y				13	3			
10	SCARBOROUGH 051-40-5410	R	OT	F	Y				13	3			
11	SCHLICHTER 055-36-6863	J	OT	F	Y				13	3			
12	SHIH 555-71-5663	P	OT	F	Y				13	3			
TOTALS:								153	35				

FUNDS	Current Due			Advanced Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	58.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401K								
Training	12.13	x	=	12.13	x	=		

Prepared By: MARTI LINCOLN	Title: HR/BENEFITS ADMINISTRATOR	TOTAL DUE
Email: MLINCOLN@GCASERVICES.COM	Phone: (718) 990-1554	
Signature: <i>Marti Lincoln</i>	Date:	Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477
Comments:		

For questions regarding compilation of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354

032202

PAGE 9 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ

Benefit Funds

REMITTANCE

REPORT

EIN:

GCA SERVICES GROUP INC
C/O MARTI LINCOLN
4726 WESTERN AVENUE
KNOXVILLE, TN 37921-0000



Due Date: APRIL 19, 2007

Account # C2819-05755-0003-0001-10

Receipt # 2122172

Building Name: ST. JOHNS UNIVERSITY

Address: RT ST. JOHNS JAMAICA

Month End Date 03/31/2007 Health Pension Legal Profit Sharing 401k Training

Quarter End Date 03/31/2007 Health Pension Legal Profit Sharing Training

LINE	Employee Last Name SSN	Init.	Job Class	FTE Time / Part Time	Exper- ienced	Emp Status Change Reason	Employee Status Change Date MM	Hours	Works	Months	Adv. Months	Wages	401k
1	SITRO 101-56-2766	P	OT	F	Y					13	3		
2	SOARES 057-70-8496	A	OT	F	Y					13	3		
3	SOLOMON 089-62-8149	G	OT	F	N					13	3		
4	SOTO 127-70-3977	B	OT	F	N					13	3		
5	SOTO 107-63-7269	P	OT	F	Y					13	3		
6	STEPANOVIC 127-50-4609	G	OT	F	Y					12	3		
7	STRAZZERA 082-48-0518	G	OT	F	Y					13	3		
8	STRUZZIERI 092-73-3850	A	OT	F	N					13	3		
9	SUCHOCKI 056-71-2438	M	OT	F	Y					13	3		
10	SULLIVAN 201-38-1708	T	OT	F	Y					13	3		
11	TATKOVIC 083-76-6284	R	OT	F	Y					13	3		
12	THOMAS 094-80-2396	C	OT	F	Y					13	3		
TOTALS:								155 - 36					

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x		899.22	x			
Pension	58.75	x		58.75	x			
Legal	18.63	x		18.63	x			
Profit Sharing	13.00	x		13.00	x			
401k								
Training	12.13	x		12.13	x			

Prepared By: MARTI LINCOLN Title: HR/BENEFITS ADMINISTRATOR

TOTAL DUE

Email: MLINCOLN@GCASTSERVICES.COM Phone: (718) 990-1554

Make check payable and

send payment to:

Building Service 32BJ Benefit Funds
P.O. Box 11477
New York, NY 10286-1477

Signature: *Marti Lincoln*

Date:

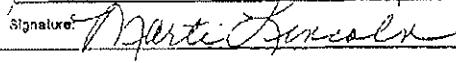
Comments:

For questions regarding completion of this report or remittance of contributions, please contact Employer Services at (212) 388-3354

032207

PAGE 10 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:										GCA SERVICES GROUP INC C/O MARTI LINCOLN 4726 WESTERN AVENUE KNOXVILLE, TN 37921-0000 			
Due Date: APRIL 19, 2007 Account # 02819-05755-0003-0001-10 Receipt # 2122172 Building Name: ST JOHNS UNIVERSITY Address: XI ST. JOHNS JAMAICA													
Month End Date 03/31/2007 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> 401k <input type="checkbox"/> Training Quarter End Date 03/31/2007 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> 401k <input checked="" type="checkbox"/> Training													
Line	Employee Last Name SSN	Init.	Job Class	Full Time/ Part Time	Exper- ienced	Emp Status Change Reason	Employee Status Change Date in	Hours	Wkhrs	Month	Adv. Months	Wages	401k
1	TIBO 162-78-9444	A	OT	F	Y				13	3			
2	TORTORELLI 109-68-1291	J.M.	OT	F	Y				13	3			
3	TOT 118-50-9554	S	OT	F	Y				13	3			
4	TROCK JR. 122-54-5789	N	OT	F	Y				13	3			
5	UNIGARRO 089-72-8399	J.	OT	F	Y				13	3			
6	VILLAMIL 044-44-4875	R.	OT	F	Y				13	3			
7	VITALE 087-50-7010	J.	OT	F	Y				13	3			
8	WAISX 052-50-3700	G.	OT	F	Y				13	3			
9	WILSON 068-50-5088	S.	OT	F	Y				13	3			
10	ZAMBRANO 083-68-3759	J.J.	OT	F	Y				13	3			
11	ZEPHRIN 134-02-3269	L.	OT	F	Y	RE	1/20/2007		11	3			
12	ZGRALJARDIC 091-54-3762	D.	OT	F	Y				13	3			
TOTALS:										245	375	6	
Funds	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)			Total Due per Fund			
	Rate	Time Unit	Total	Rate	Time Unit	Total							
Health	899.22	x 378.275	= 339905.16	899.22	x 6	=							
Pension	58.75	x 162.557	= 9546.75	58.75	x 6	=							
Legal	18.63	x 378.275	= 7043.14	18.63	x 6	=							
Profit Sharing	13.00	x 162.557	= 21125.00	13.00	x 6	=							
401k													
Training	12.13	x 378.275	= 4585.14	12.13	x 6	=							
Prepared By:	MARTI LINCOLN			Title:	HR/BENEFITS ADMINISTRATOR			TOTAL DUE		468,126.19			
Email:	MLINCOLNGCAGSERVICES.COM			Phone:	(718) 990-1554								
Signature:				Date:						Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10288-1477			
Comments:													

For questions regarding compilation of this report, or remittance of contributions, please contact Employee Services at (212) 388-3354

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PAGE 11 OF 11

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ

Benefit Funds

REMITTANCE
REPORT

EIN:

GCA SERVICES GROUP INC
C/O MARTI LINCOLN
4726 WESTERN AVENUE
KNOXVILLE, TN 37921-0000

Due Date: APRIL 19, 2007

Account # 02819-05531-0003-0001-10

Receipt # 2122170

Building Name:

Address: AT ST JOHN'S UNIV STATE

Month End Date 03/31/2007 Health Pension Legal Profit Sharing 401k Training

Quarter End Date 03/31/2007 Health Pension Legal Profit Sharing 401k Training

L I N E R	Employee Last Name SSN	Init.	Job Class	F&B Non / Part Time	Expen- dited	Emp Status Change Reason	Employee Status Change Date xx	Hours	Weeks	Months	Adv Months	Wages	401k
-	AHMEDAJ 095-86-2194	S	OT	F	Y			1073		3			
✓	BALILI 092-86-5589	I	OT	F	Y				13	3			
✓	BAPTISTE 050-84-5476	M	OT	F	Y				13	3			
✓	CANTON 053-62-9831	M	OT	F	Y				13	3			
✓	DE NOVELLIS 107-40-8502	V	OT	F	Y				13	3			
✓	DESUCA 111-34-5284	M	OT	F	Y			13		3			
✓	ELVYN 080-74-0259	R	OT	F	Y		T 17/29/06	0	23	3			
✓	GALB 087-54-4152	J	OT	F	N				13	3			
✓	GOOR 109-54-2007	D	OT	F	Y				13	3			
✓	JASARI 121-56-1451	E	OT	F	Y				13	3			
✓	JASARI 056-66-7003	J	OT	F	Y				13	3			
✓	KIJLEN 109-40-6624	R	OT	F	Y				13	3			
TOTALS:								142	33				

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x		899.22	x			
Pension	58.75	x						
Legal	18.63	x		18.63	x			
Profit Sharing	13.00	y						
401k								
Training	13.13	v		12.13	x			

Prepared By: MARTI LINCOLN	Title: HR/BENEFITS ADMINISTRATOR	TOTAL DUE
Email: MLINCOLN@GCASTSERVICES.COM	Phone: (710) 990-1554	Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477
Comments: <i>Marti Lincoln</i>	Date:	

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3334

032207

PAGE 1 OF 2

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ

Benefit Funds

REMITTANCE
REPORT

EIN:

GCA SERVICES GROUP INC
C/O MARTI LINCOLN
4726 WESTERN AVENUE
KNOXVILLE, TN 37921-0000

Due Date: APRIL 19, 2007

Account # 02819-05531-0009-0001-10 Receipt # 2122170

Building Name:

Address: RT RT JOHN'S UNIV STATES

Month End Date 03/31/2007 Health Pension Legal Profit Sharing 401k TrainingQuarter End Date 03/31/2007 Health Pension Legal Profit Sharing 401k Training

#	Employee Last Name	Init	Job Class	Full Time/ Part Time	Exempt/ Non-Exempt	Hire/ Change Reason	Employee Status Change Date xx	Hours	Weeks	Months	Adv. Stamps	Wages	401k
1.	LBXPERDAD	A.	OT	F	Y				13	3			
	058-88-4328												
2.	LOPEZ	A.	OT	F	Y				13	3			
	056-68-4059												
3.	LUCERO	F.	OT	F	Y				13	3			
	055-80-0589												
4.	MANZIONE	D.	OT	F	Y				13	3			
	070-68-9539												
5.	MC GOVERN	R.	OT	F	Y				13	3			
	121-36-0944												
6.	MORAL	A.	OT	F	Y				13	3			
	085-52-4208												
7.	OBRIEN	I.	OT	F	Y	HS	7/09/2006		13	3			
	118-42-3131												
8.	PACHECO	C.	OT	F	Y				13	3			
	093-62-5739												
9.	PACHECO	O.	OT	F	Y				13	3			
	076-64-2882												
10.	PENA	M.	OT	F	Y				13	3			
	051-46-n5238												
11.	PEPIN	R.	OT	F	Y				13	3			
	129-84-8548												
12.	ZIBERI	G.	OT	F	Y				13	3			
	066-76-3414												

TOTALS:

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	69 = 607046.18	899.22	x	=		
Pension	58.75	x	298.276 = 17507.50					
Legal	..63	x	69 = 1885.47	18.63	x	=		
Profit Sharing	13.00	x	398.236 = 3874.00					
401k								
Training	12.13	x	69 = 836.97	12.13	x	=		

Prepared By:	MARTI LINCOLN	Title:	HR/BENEFITS ADMINISTRATOR	TOTAL DUE	85,550.12
Email:	MLINCOLN@GCASTSERVICES.COM	Phone:	(718) 990-1554	Make check payable and send payment to:	Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10288-1477
Signature:	<i>Marti Lincoln</i>	Date:			
Comments:					

For questions regarding completion of this report or remittance of contributions, please contact Employee Services at (212) 388-3354

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PAGE 2 OF 2